

(continued)

9. Routing Number (RTN). Your Bank Routing Number.

10. Account Number. Write the account number of the checking or savings account you will use to pay taxes.

11. Type. Please mark one box to indicate whether the account you will be drawing on is a checking or savings account.

12. Disclosure Authorization. This section certifies that as a Reporting Agent, Representative, Corporate or Government Official or Fiduciary, you have authorization to pay taxes on behalf of a taxpayer. Please ensure that a box is checked.

13. Authorization. This section authorizes a Financial Agent of the U.S. Treasury to initiate tax payments from the account(s) you designate.

14. Limitation of Liability. This section describes the liability between the provider and the EFTPS Financial Agent.

15. Signature. The provider must sign the registration to authorize participation in the EFTPS program.

Remember to sign and mail your form to the address on reverse side.

For side 2 please fill in
Employer Identification Number (EIN)

EIN:

Financial Institution Information

9. Routing Number: <input type="text"/>	10. Account Number: <input type="text"/>	11. Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
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Disclosure Authorization (check all boxes that apply)

12.

Reporting Agent. Every taxpayer for whom we will be submitting EFTPS payments has signed a Form 8655, Reporting Agent Authorization or any other instrument which clearly contains the same information required to be provided on Form 8655, authorizing this company to send and receive certain tax information with the Internal Revenue Service. This authorization will have been sent to the IRS prior to submitting the taxpayer's initial payment.

Representative. Every taxpayer for whom we will be submitting EFTPS payments has signed a Power of Attorney, Form 2848, or any other instrument which clearly contains the same information required to be provided on Form 2848, authorizing this company to exchange information with IRS. This authorization will have been sent to the IRS prior to submitting the taxpayer's initial payment.

Corporate or Government Official. All of the accounts for which we will be submitting EFTPS payments are subsidiaries or divisions of this organization. I certify that I have signature authority for the tax information that will be exchanged with IRS.

Fiduciary. I certify that I have the fiduciary duty to make tax payments and receive certain tax information for each person or entity for whom I will be making EFTPS payments.

Debit Authorization

13. If ACH Debit will be used as a remittance method please read the following Authorization Agreement.

By completing the information in boxes 8-10 or by sending an information file or payment file and signing in the box below, I hereby authorize designated Financial Agents of the U.S. Treasury to initiate ACH Debit entries to the financial institution account, for payment for Federal taxes owed to the IRS upon request by Taxpayer or his/her representative, using the Electronic Federal Tax Payment System (EFTPS). I further authorize the financial institution named above to debit such entries to the financial institution account indicated above.

All debits initiated by the U.S. Treasury designated Financial Agents pursuant to this authorization shall be made under U.S. Treasury regulations. This authorization is to remain in full force and effect until the designated Financial Agents of the U.S. Treasury have received written notification from me of termination in such time and in such manner as to afford a reasonable opportunity to act on it.

Limitation on Liability

14. **A.** The Financial Agent (FA) and the Provider each will be liable only for direct damages if it fails to exercise ordinary care, and in no event will either the FA nor the Provider be liable for special, indirect, incidental, economic, or consequential damages including, without limitation exemplary, damages or penalties. The FA and the Provider each shall be deemed to have exercised ordinary care if its action or failure to act is in conformity with general banking usages or is otherwise a commercially reasonable practice of the banking industry.

B. The Provider will indemnify the FA for all claims, costs, expenses, liabilities, penalties and losses, including reasonable legal fees and expenses (and allocated cost of staff counsel), arising from any claim of any third party relating to (i) any breach of this agreement by the Provider; (ii) any action taken or not taken in reliance upon instructions of or information provided by the Provider; (iii) any failure of the Provider to have any required taxpayer authorization. This section 13(b) shall survive any termination of this agreement.

C. Neither the Provider nor the FA will be liable to the other for any failure to perform, or delay in the performance of, its obligations under this agreement when the failure arises out of causes beyond its reasonable control, including without limitation, acts of God or the public enemy, acts of the United States Federal government in either its sovereign or contractual capacity, accident, fire, strike, lockout or other labor dispute, war, riot, theft, flood, earthquake or other natural disaster, breakdown of public or private common carrier communications or transmission facilities, equipment failure, or system failure or act, negligence or default of the other party; or if such failure or delay resulted from such party's reasonable belief that the action would have violated any guideline, rule or regulations of any governmental authority.

Provider Signature

15. If signed by a Corporate Officer, Partner, or Fiduciary on behalf of the provider, the undersigned certifies that the undersigned has the authority to execute this authorization on behalf of the provider.

Authorized Signature

Date

Title

Print Name

Paperwork Reduction Act Notice: In accordance with the Paperwork Reduction Act of 1995, we ask for the information in the Electronic Federal Tax Payment System (EFTPS) Enrollment Form in order to carry out the requirements of 26 United States Code 6001, 6011, and 6109. You are not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103. This information is used by the Internal Revenue Service to assure that payment(s) are properly credited to the appropriate account(s). Your response is mandatory if you are required by regulations to use Electronic Funds Transfer to make your Federal Tax Deposits. The time needed to provide this information will vary depending on individual circumstances. The estimated average time is ten minutes. If you have comments concerning the accuracy of this time estimate or suggestions for reducing this burden, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. Please do not send the enrollment form to this address.

The Privacy Act of 1974 requires that when we ask individuals for information about themselves, we state our legal right to ask for the information, why we are asking for the information, and how it will be used. We must also tell you what could happen if we do not receive all or part of it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301 and Internal Revenue Code sections 6001, 6011, 6012, and applicable regulations. The information will be used to enroll you in the Electronic Federal Tax Payment System (EFTPS). The information may not be disclosed except as provided by section 6103 of the Internal Revenue Code. We may give the information to the Department of Justice and to other Federal agencies, as provided by law. We may also give it to cities, states, the District of Columbia, and U.S. commonwealths or possessions to carry out their laws. We may give it to foreign governments because of tax treaties they have with the United States. Your response is mandatory if you are required by regulations to use electronic funds transfer to make your deposits. If you are not required by regulations to use electronic funds transfer, your response is voluntary. If you do not provide all or part of the information, you may not be eligible to participate in the EFTPS. If you are required to use electronic funds transfer by regulation, you may be subject to penalties. If you are not required to use electronic funds transfer to pay taxes owed, you need to pay the taxes due by another method.



Save time



& money

– PAY Federal Taxes Electronically.

Use EFTPS—Electronic Federal Tax Payment System

EFTPS is a service offered free by the U.S. Department of the Treasury.

EFTPS enables tax professionals and taxpayers to make tax payments 24 hours a day, 7 days a week from home or office via the Internet, PC software or phone; schedule payments up to 120 days in advance (for businesses) or 365 days in advance (for individuals); review the last 120 days of tax payment history online or by calling Customer Service. In addition, every EFTPS transaction receives an EFT/Acknowledgement Number for easy record keeping and as proof of the transaction.

EFTPS is ideal for any taxpayer that makes more than one tax payment per year—all business taxpayers and individual taxpayers that make Form 1040 ES quarterly estimated payments.

5 Easy Ways to Use EFTPS:

Decide which EFTPS payment method is best for you:

- 1 EFTPS-Batch Provider (Requires Registration)**
Use FREE Batch Provider software to enroll and make up to 750 payments per transmission
Complete and mail the attached form to register as an EFTPS Batch Provider and receive free software.
- 2 EFTPS-PC Software**
Make up to 100 payments per transmission with EFTPS software
- 3 EFTPS-Phone**
Make payments by phone one at a time
- 4 EFTPS-OnLine**
Enroll clients or make payments one at a time online (www.eftps.gov)
- 5 EFTPS-Bulk Provider**
Enroll clients and make up to 20,000 payments per transmission. Requires EDI capabilities

Any questions? Call EFTPS Customer Service at 1-800-555-4477 or 1-800-945-8400 or visit www.eftps.gov

Use EFTPS to your benefit.

Use EFTPS— The *Easy* Way to Pay Federal Taxes Electronically.

Any Questions? Call EFTPS Customer Service at:

1-800-555-4477

or **1-800-945-8400**

or visit www.eftps.gov

Make all your clients' payments at one time...

become an EFTPS-Batch Provider.

Register Today.



Detach and Mail

Detach and Mail



Provider Registration Form 12252 (OMB No. 1545-1467)



Electronic Federal Tax Payment System (EFTPS) — Provider Registration Form

This page contains instructions to complete the Electronic Federal Tax Payment System (EFTPS) Provider Registration Form.

EFTPS Batch Filer — designed for providers who want to submit batches of payments using Windows®-based FREE software. Each payment record initiates a separate debit to the bank account(s) designated. Maximum number of payment records is 750.

Other Options Available: *EFTPS Bulk Filer* — designed for providers who initiate frequent payments from an EDI-compatible system with up to 1,000 payment records.

EFTPS-PC Software — for single tax payments using FREE EFTPS tax payment software.

EFTPS-Phone — for single tax payments by phone.

EFTPS-OnLine — for single tax payments using the Internet.

For questions or more information please call EFTPS Customer Service at

1-800-555-4477 or **1-800-945-8400** or visit www.eftps.gov

When your form is completed, please mail it to: **EFTPS Enrollment Processing Center, P.O. Box 4210 Iowa City, Iowa 52244-4210**

- Marking Instructions:
- Use black or blue ink only.
 - Please print legibly. Use one character per block. Use only capital letters. Keep all printing within the boxes.
 - Do not make any stray marks on this form.

MARKING EXAMPLE:

IA
State

52471
Zip Code

INSTRUCTIONS

1. Employer Identification Number (EIN). Enter your Business nine-digit Employer Identification Number, without dashes.

2. Number of Clients to be Enrolled in EFTPS. Please print the estimated number of clients you will enroll.

3. Business Tax Name. Print your Business name exactly as it appears on your tax return. The only valid characters are A-Z, 0-9, -, &, and blank.

4. Business Address. This address should be written as it appears on your tax return.

5. Primary Contact Name. Print the name of a person who can be contacted in the event questions arise regarding this enrollment or tax payments. All EFTPS mailings will be sent to your primary contact.

6. Primary Contact Mailing Address and Phone Number (if different from #4 above). You need not complete the address area if your contact's address is the same as the business address. If an address is provided here, it will be used to mail confirmation materials and instruction booklets.

7. Primary Contact E-mail Address. (optional)

8. Payment Information. Choose the payment method(s) by placing an "X" in the box(es).

Provider Information

1. Your Employer Identification Number (EIN):

2. Estimated Number of Clients:

3. Business Name:

4. Business Address:

City: State: ZIP Code:

Contact Information

5. Primary Contact Name:

6. Primary Contact Mailing Address (if different from #4 above):

City: State: ZIP Code:

Primary Contact Phone Number:

7. Primary Contact E-mail Address (use as many spaces as needed up to 60):

Payment Information

8. Payment Method

ACH Debit to Master Account ACH Debit to Taxpayer Account